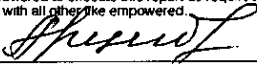


FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90142 049 ***61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005150			
1. Entity Name THE ARTISTIC ACHIEVEMENT FOUNDATION, INC.			
Principal Place of Business 210-174 STREET #1209 GOLDEN BEACH, FL 33160		Mailing Address 210-174 STREET #1209 GOLDEN BEACH, FL 33160	
2. Principal Place of Business 2810 NE 201 TERR Suite, Apt. #, etc. Bldg. "B" apt. 213 City & State Aventura FL Zip 33180 Country USA		3. Mailing Address 2810 NE 201 TERR Suite, Apt. #, etc. Bldg. "B" apt. 213 City & State Aventura FL Zip 33180 Country USA	
4. FEI Number 65-0698711		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent KATSMAN, MARK 9350 S. DIXIE HWY., PH2 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when electing) DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME KHACHATURIAN, ANGELA STREET ADDRESS 210-174 STREET #1209 CITY-ST-ZIP SUNNY ISLES BCH, FL 33160 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE DVP NAME ARTSIBACHEV, VLADIMIR STREET ADDRESS 210-174 STREET, #1209 CITY-ST-ZIP SUNNY ISLES BCH, FL 33160 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE VPD NAME ARTSIBACHEV, NINA STREET ADDRESS 210-174 STREET, #1209 CITY-ST-ZIP SUNNY ISLES BCH, FL 33160 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE ST NAME SOCOLOVA, MARINA STREET ADDRESS 210-174 STREET, #1209 CITY-ST-ZIP SUNNY ISLES, FL 33160 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 03/18/03	
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)